

RECEIVED

OCT - 2 2018

CLERK, U.S. DISTRICT CLERK
WESTERN DISTRICT OF TEXAS
BY

Attachment 1 - Civil Complaint

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
DIVISIONCarolyn Ann Ross
(Enter your full name)
Plaintiff(s)SA18CA1035 XR
CASE NUMBER:

(Supplied by Clerk's Office)

Goodwill Ind of San Antonio TX
(Enter full name of each Defendant)
Defendant(s)

COMPLAINT

First Paragraph (Name and Address of Plaintiff)

Second Paragraph (Name and Address(es) of Defendant(s))

Third Paragraph (Jurisdiction Plea)

Fourth Paragraph (Allegation 1)

Fifth Paragraph (Allegation 2) ...

The final paragraph should contain a statement of the relief you are seeking. This paragraph should not be numbered.

Carolyn Ross
Signature
Name (Typed or Printed) Carolyn Ann Ross
Address 3119 Opal Field San Antonio TX
Telephone Number (210) 412-8599 78245

① Carolyn Ross 3119 Opal Field San Antonio TX 78245

② GoodWill Frnd of San Antonio TX
406 West Commerce San Antonio TX
78217

③ I Carolyn Ann Ross challenges the court's authoritys to determine in my favor and the ruling against me is false.

④ I Carolyn Ann Ross believe that I was terminated because of retaliation because I file a police report and I went to Ft. Sam Houston U.S. Army Medical Command and talked to Robert C Marroquin Security Manager H&B, MEDCOM and He took me to Carlton T. Bray Antiterrorism Officer. I told him about the police report and the incident that happen on Nacogdoches at GoodWill-

⑤ I believe I was discriminated because of my disability because Ruby Hernandez would not give me a medical accommodation. My Dr. Manelys Acosta MD filled it out and Ruby still said it wasn't enough info.

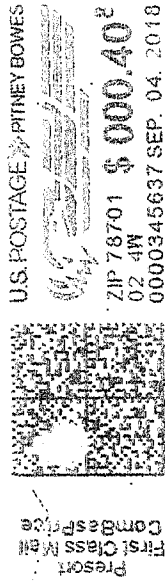
mation. My Dr Said there's nothing else she can do. (3x) I gave it to Carrie Ann without any changes to fax to Ruby.

⑥ I was also discriminated against because of my lighter color skin. On the 24 of Aug. 2016 I got yelled at by my team leader Kersha Jenkins in front of everyone and that's when I heard about the rumors and the name calling and how I dressed and my shape. It became a hostile work environment.

I am seeking damage relief for punitive and compensatory and a clean record.

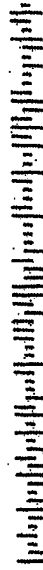
TEXAS WORKFORCE COMMISSION
Civil Rights Division
101 East 15th Street, Guadalupe CRD
Austin, TX 78778-0001

OFFICIAL BUSINESS



Carolyn A. Ross
3119 Opal Field
San Antonio, TX 78245

93 MAY4M4B 78245



Texas Workforce Commission

A Member of Texas Workforce Solutions

Case 5:18-cv-01035-HJB Document 4 Filed 10/16/18 Page 5 of 36

September 4, 2018

NOTICE OF COMPLAINANT'S RIGHT TO FILE CIVIL ACTION

Carolyn A. Ross
3119 Opal Field
San Antonio, TX 78245

Re: *Carolyn A. Ross v. Goodwill*
EEOC Complaint # 451-2017-02416

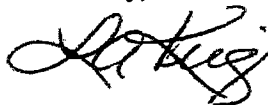
Dear Carolyn A. Ross:

The above-referenced case was processed by the United States Equal Employment Opportunity Commission or a local agency. Pursuant to Sections 21.252 and 21.254 of the Texas Labor Code, this notice is to advise you of your right to bring a private civil action in state court in the above-referenced case. **YOU HAVE SIXTY (60) DAYS FROM THE RECEIPT OF THIS NOTICE TO FILE THIS CIVIL ACTION.**

If your case has been successfully resolved by the U. S. Equal Employment Opportunity Commission or another agency through a voluntary settlement or conciliation agreement, you may be prohibited by the terms of such an agreement from filing a private civil action in state court pursuant to the Texas Commission on Human Rights Act, as amended.

The United States Supreme Court has held in *Kremer v. Chemical Construction Corporation*, 456 U.S. 461 (1982), that a federal district court must generally dismiss a Title VII action involving the same parties and raising the same issues as those raised in a prior state court action under Chapter 21 of the Texas Labor Code. Therefore, filing a lawsuit in state court based on the issuance of this notice of right to file a civil action may prevent you from filing a lawsuit in federal court based on Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e - et seq.

Sincerely,



Lowell A. Keig
Director, Civil Rights Division

RETAIN ENVELOPE TO VERIFY DATE RECEIVED

Copy to:
Goodwill
c/o: Janice Bunch
Chief Administrator and HR Officer
406 W. Commerce
San Antonio, TX 78217

Ruth R. Hughs, Chair
Commissioner Representing
Employers

Julian Alvarez
Commissioner Representing
Labor

Vacant
Commissioner Representing
the Public

Larry E. Temple
Executive Director

Attachment 2 - EEOC Complaint Form

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
DIVISION

Carolyn Ann Ross
3119 Opal Field
San Antonio Tx 78245
(Name of plaintiff or plaintiffs)

Civil Action Number:

v.

Goodwill Ind. of San Antonio Tx
406 West Commerce
San Antonio Tx 78217
(Name of defendant or defendants)

(Supplied
by Clerk's Office)

COMPLAINT

1. This action is brought by Carolyn Ann Ross, Plaintiff,
pursuant to the following selected jurisdiction:

(Please select the applicable jurisdiction)

- ☒ Title VII of the Civil Rights Act of 1964 (42 USC §§ 2000e et seq.) Employment
Discrimination on the basis of race, color, sex (gender, pregnancy and sexual harassment),
religion or national origin.
- ☐ The Age Discrimination in Employment Act (29 USC §§ 621 et seq.) (ADEA).
- ☒ The Americans With Disabilities Act (42 USC §§ 12102 et seq.) (ADA).
- ☐ The Equal Pay Act (29 USC § 206(d)) (EPA).
- ☐ The Rehabilitation Act of 1973 (29 USC § 791 et seq.) (Applicable to federal employees
only).

2. Defendant Goodwill Ind of San Antonio (Defendant's name) lives
at, or its business is located at 406 West Commerce
(street address), San Antonio (city), Texas
(state), 78217 (zip).

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

451-2017-02416

Texas Workforce Commission Civil Rights Division

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Carolyn A. Ross

Home Phone (Incl. Area Code)

(210) 645-0082

Date of Birth

Street Address

City, State and ZIP Code

3119 Opal Field, San Antonio, TX 78245

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

GOODWILL IND. OF SAN ANTONIO- CS

No. Employees, Members

101 - 200

Phone No. (Include Area Code)

(210) 201-8065

Street Address

City, State and ZIP Code

3370 Nacogdoches Rd, Ste 116, San Antonio, TX 78217

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE
 ☒ COLOR
 ☐ SEX
 ☐ RELIGION
 ☐ NATIONAL ORIGIN
☒ RETALIATION
 ☐ AGE
 ☐ DISABILITY
 ☐ GENETIC INFORMATION
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest**06-09-2017****07-14-2017**☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was employed with Goodwill Industries from August 22, 2016 to July 14, 2017. I was discharged on July 14, 2017 and I believe it was based on my color (Light Skinned Black).

Soon after I began my employment with the Respondent, I began to be singled out and verbally harassed by other coworkers (Dark Skinned Black) based on my color (Light Skinned Black). I was often called yellow and told that I thought I was better than everyone. On or about June 09, 2017, one of my ex-coworkers (Dark Skinned Black) confronted me on the job site, in which I admit to standing up for myself. I, along with other coworkers involved, was written up and given a final written warning for the confrontation. After the incident, I continued to be harassed, in which my direct supervisor, Keisha Jenkins (Dark Skinned Black), knew about the harassment and did not intervene.

On or about July 10, 2017, I approached the Manager, Ray LNU (White Hispanic), and informed him of the harassment, in which he responded that he didn't have enough information to do anything about

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Jul 17, 2017

Date


 Charging Party Signature

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

451-2017-02416

Texas Workforce Commission Civil Rights Division

and EEOC

State or local Agency, if any

it. On or about July 14, 2017, I was informed by Jenny LNU (White Anglo), Ray's supervisor, and Keisha Jenkins that I was being terminated for "looking someone down" on July 10, 2017. Tashi LNU (Dark Skinned Black), one of the coworkers that harassed me, was in a hostile verbal confrontation with another Hispanic coworker on June 20, 2017, and she was not discharged. Tashi had also been given a final written warning from the incident on June 09, 2017. I believe I was subjected to disparate treatment based on my color (Light Skinned Black), and retaliated against for informing Ray about the discrimination.

I believe I was discriminated against based on my color (Light Skinned Black), and retaliated against for making a protected complaint, in violation of Title VII of Civil Rights Act of 1964, as amended.

2017 JUL 20 A 10:47

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Jul 17, 2017

Date


Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please notify EEOC or the state or local agency where you filed your charge if **retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

- 3a. Plaintiff sought employment from the defendant or was employed by the defendant at 3370 Nacogdoches Rd # 1110 (street address), (city), San Antonio (state), Tx 78217 (zip).
- 3b. At all relevant times of claim of discrimination, Defendant employed _____ (#) employees. If defendant is a union, at all relevant times of claim of discrimination, Defendant had _____ (#) members.
4. Defendant discriminated against plaintiff in the manner indicated in paragraph 8 of this complaint on or about August (month) 24 (day) 16 (year). If incidents of discrimination occurred more than one day, please indicate the beginning and ending dates of such acts: July 14, 2017
5. Plaintiff filed charges against the defendant with the Equal Employment Opportunity Commission (E.E.O.C.) charging defendant with the acts of discrimination indicated in paragraph 7 of this complaint on or about July (month) 20 (day) 2017 (year). (Not applicable to federal civil service employees).
- 6a. The E.E.O.C. issued a Notice of Right to Sue which was received by plaintiff on (month) July 9 (day) 2018 (year). (Not applicable to ADEA and EPA claims or federal civil service employees).

VERY IMPORTANT NOTE:

PLEASE ATTACH A COPY OF YOUR NOTICE OF RIGHT TO SUE AND THE ENVELOPE IN WHICH IT WAS RECEIVED TO THIS COMPLAINT.

- 6b. Please indicate below if the E.E.O.C issued a Determination in your case:

☒ Yes
☐ No

VERY IMPORTANT NOTE:

IF YOU CHECKED "YES", PLEASE ATTACH A COPY OF THE E.E.O.C.'S DETERMINATION TO THIS COMPLAINT

7. Because of plaintiff's:

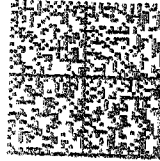
(Please select the applicable allegation(s))

- ☐ Race (If applicable, state race) _____
- ☒ Color (If applicable, state color) light skinned

US EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
SAN ANTONIO FIELD OFFICE
5410 FREDERICKSBURG ROAD SUITE 200
SAN ANTONIO, TX 78229-3555

AN EQUAL OPPORTUNITY EMPLOYER
TX 78211
11 JUL 18
PM 11

SAN ANTONIO, TX



02 1P
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MAILED FROM ZIP CODE 78229

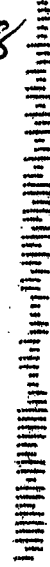
PITNEY BOWES
\$ 000.47
JUL 11 2018

Carlyle
ETC

Carolyn A. Ross
3119 Opal Field
San Antonio, TX 78245

Roy Roscoe
210-281-7688

78245-265519





U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

San Antonio Field Office

5410 Fredericksburg Road, Suite 200
San Antonio, TX 78229-3555
Intake Information Group: (800) 669-4000
Intake Information Group TTY: (800) 669-6820
San Antonio Status Line: (866) 408-8075
San Antonio Direct Dial: (210) 281-2550
TTY (210) 281-7610
FAX (210) 281-2522
Website: www.eeoc.gov

Carolyn A. Ross
3119 Opal Field
San Antonio, TX 78245

Re: EEOC Charge: 451-2017-02416
Charging Party: Carolyn A. Ross
Respondent: GOODWILL IND. OF SAN ANTONIO- CS

Dear Carolyn A. Ross:

Thank you for the additional information you submitted in response to our preliminary assessment of the evidence. We want to assure you that all the evidence submitted by you and the employer has been considered in our review of your case.

After review of the additional information you provided, it is our assessment that further investigation is unlikely to result in a violation of the statutes we enforce. As explained in our 12/20/2017 conversation at our EEOC Office in San Antonio, the evidence does not support a violation against the Respondent. While we realize that you have firm views that the evidence supports your position you were discriminated against, the final determination must comport with our interpretation of the available evidence and the laws we enforce.

Therefore, please find enclosed the Dismissal and Notice of Rights that represents a final determination by the U.S. Equal Employment Opportunity Commission (EEOC) and will describe your right to pursue the matter by filing a lawsuit in federal court within ninety (90) days of receipt of the dismissal notice. If you fail to file a lawsuit within the statutory ninety (90) day period following receipt of our dismissal notice, your right to sue in federal court will expire and cannot be restored by EEOC. You may wish to consider consulting private counsel who specializes in employment law about your employment experiences to determine whether you wish to initiate litigation and the likelihood of prevailing in any lawsuit you may file. Your local bar association may be able to provide referrals to local attorneys.

We hope this information is helpful to you.

7/9/2018

Date

Sincerely,

Jose Colon-Franqui
Enforcement Supervisor
(210) 281-7608
jose.colon-franqui@eeoc.gov

Encl.: Dismissal and Notice of Rights (EEOC Form 161)

DISMISSAL AND NOTICE OF RIGHTS

To: **Carolyn A. Ross**
3119 Opal Field
San Antonio, TX 78245

From: **San Antonio Field Office**
5410 Fredericksburg Rd
Suite 200
San Antonio, TX 78229



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

451-2017-02416

Roy Roscoe,
EEOC, Federal Senior Investigator

(210) 281-7688**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

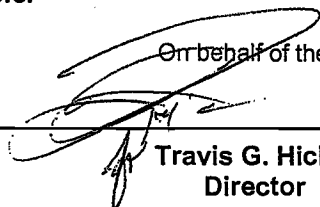
(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)



Travis G. Hicks,
Director

7/9/2018

(Date Mailed)

cc:

Janice Bunch
Chief Administrator and HR Officer
406 W. Commerce
San Antonio, TX 78217

Robert Kilgore
745 East Mulberry Avenue
Ste. 500
San Antonio, TX 78212

**INFORMATION RELATED TO FILING SUIT
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

☐ Sex (gender, pregnancy or sexual harassment) (If applicable, state sex and claim)
☐ Religion (If applicable, state religion) _____

☐ National Origin (If applicable, state national origin) _____

☐ Age (If applicable, state date of birth) _____

☐ Disability (If applicable, state disability) _____

☒ Prior complaint of discrimination or opposition to acts of discrimination.
(Retaliation) (If applicable, explain events of retaliation) went to police and Security *on*

The defendant: (please select all that apply)

☐ failed to employ plaintiff.

☒ terminated plaintiff's employment.

☐ failed to promote plaintiff.

☒ harassed plaintiff.

☒ other (specify) Allowed someone to record me, on 9th of July
with out my permission,

8a. State **specifically** the circumstances under which defendant, its agent, or employees discriminated against plaintiff **PERSONALLY**:

VERY IMPORTANT NOTE: **INCLUDE SPECIFIC DATES, SPECIFIC EVENTS,**
AND ANY SPECIFIC COMMENTS MADE BY
DEFENDANT PERTAINING TO THE
DISCRIMINATION CLAIM ALLEGED ABOVE.

8b. List any **witnesses** who would testify for plaintiff to support plaintiff's allegations and the substance of their testimony:

Bonnie Arroyo and Anthony Arcos

8c. List any **documentation** that would support plaintiff's allegations and explain what the documents will prove:

This is the request for Reasonable Accommodation and Rudy Hernandez refuse to accept it she said it doesn't have enough information. 1-4

Carolyn Ross

Need to know how ~~to~~ heavy the Objects

What tools?

How long is the accommodation for?

How often would she have follow up
appts or flare ups How long to recover

from

H.R.
R. Hernandez



REQUEST FOR REASONABLE ACCOMMODATION

Notice of Right to Reasonable Accommodation

If you have a physical or mental health condition and you need modification or adjustment to a job or the work environment that will enable you to perform essential job functions, you may ask for this change, which is called a Reasonable Accommodation. Employers are not required to lower quality or quantity standards as an accommodation, nor are they required to provide personal use items such as glasses or hearing aids.

Your Request

Please complete this form to assist in assessing your request for a reasonable accommodation. This initial information will be part of an interactive process with you as we explore your request. This form will be kept separate from your personnel file. You must submit medical documentation supporting your request with this form or within 10 working days. Please ask your medical provider to complete and sign the Request for Medical Information Form (page 3) or provide appropriate signed medical documentation on the medical provider's letterhead and return the form/documentation to you. You are responsible for returning all completed forms and documentation to HR in support of this request. Contents of this request will not be shared with anyone except as needed to consider and to implement, as appropriate, an accommodation for the disability.

Our Response

We will let you know if additional information is needed or if we need to speak with you about other options to meet your needs. We will provide a written response to you within 14 days.

Name: <u>Carolyn Ross</u>	Date of Request: <u>6-5-17</u>
Please check which applies:	
<input checked="" type="checkbox"/> Team Member	<input type="checkbox"/> Participant
	<input type="checkbox"/> Volunteer
ID #: _____	Phone number: <u>210-645-0082</u>
Unit: _____	Position: <u>Data Entry</u>

- Describe your medical or mental health condition. Shoulder, arm and neck pain and back, Depression + Anxiety
- What job function are you having difficulty performing or accessing due to your condition? sitting for a long period of time with out support.
- Describe the reasonable accommodation you are requesting that you believe will assist you in performing the essential functions of your job? need support for my back and leg and neck; need help with my depression + anxiety cant afford to get a special.
- Explain how that accommodation will assist you in performing the essential functions of your job. less stress on my neck + body; release my mind from overthinking

2

REQUEST FOR MEDICAL INFORMATION FORM

Instructions for Medical Provider

Your patient has requested a Reasonable Accommodation in accordance with the Americans with Disabilities Act. Please review the job description attached. Please provide a detailed description of the specific physical and/or mental health condition(s) that affect the patient's ability to perform certain tasks considered as essential job functions, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's medical or health condition(s). Please attach any additional information that you feel is relevant in providing a Reasonable Accommodation.

Please return this completed form to the patient.

Name of Patient (please print): Carolyn Moss

Name of Medical Provider: [REDACTED]

Address of Medical Provider: [REDACTED]

Telephone Number of Medical Provider: [REDACTED]

1. Please state patient's medical and/or mental health condition(s):

A) Cervical Scoliosis

B) Multiple subligamentous disc herniations from C3-C7 with moderate narrowing of the neuroforamen in different places accompanied by radiculopathy (midcervical region)

C) Motor Cuff Injury

D) Major Depression and Anxiety Disorder

2. Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform essential functions of his/her job? Please describe how the impairment affects the patient's ability to perform essential functions of his/her job. Repetitive movement using upper body (shoulders, arms, neck) would reproduce patient's symptoms and could worsen existing conditions. Also lifting heavy objects. Patient's Major Depression and Anxiety could interfere with the patient's functions at work and performance. Patient should not lift objects of more than 25 pounds repetitively.

3. Indicate whether the patient's condition(s) is permanent, chronic, or temporary. If the patient's condition(s) is temporary, please state its anticipated duration.

- Upper back and Neck conditions are permanent

- Major Depression and Anxiety duration would depend on patient's treatment response and exposition to triggers.

4. Please describe the reasonable accommodation/modification needed by the patient, if any, while performing the essential functions of his/her job. Also, indicate the relationship between the condition and how the accommodation/modification will assist the patient in performing the essential functions of his/her job. (ex. A change in process/practice or a physical change in the environment.)

A) Patient work tools (desk, chairs, etc.) should be customize and fit for the patient's needs and should be able to prevent further damage.

B) Avoid lifting heavy objects or perform chores that would required repetitive movements of the upper body. This would prevent complications on the existing spine, neck and shoulders.

5. Please provide any additional relevant information below.

Patient currently under the care of pain management doctor for her permanent conditions. Also was referred by me to a Psychiatrist for further treatment recommendation.

C) Patient currently has been follow up closely related to her Depression and Anxiety. work has been identify as one of the triggers for her symptoms. Please allow/provide excuse to patient when found very unstable from work.

Medical Provider's Signature: [REDACTED]

Date: June 1 / 2017

Medical Provider's License Number: [REDACTED]

I have attached and submitted the required medical documentation or a completed Request for Medical Information Form?

☒ Yes

☐ No

Acknowledgement of Request for Accommodation

I am requesting an accommodation under the Americans with Disabilities Act, I agree to fully cooperate with HR in responding to my request. I understand that, in most cases, I may need to provide medical documentation regarding my disability to assist in determining a reasonable accommodation. I agree that I will provide the requested medical documentation in a timely manner. I also understand that, in some cases, discussion(s) of my disability with my physician may be necessary to address my request for an accommodation, therefore I may need to provide a signed authorization for release of health information pursuant to HIPPA to my physician. In addition, if deemed necessary, HR can request an independent medical evaluation of my disability or unit to arrange for a reasonable disability accommodation.

Signature of Requestor:

Carolyn Ross

Date:

6-5-17

GINA DISCLAIMER

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual; or family member receiving assistive reproductive services.

RETURN THIS FORM TO HUMAN RESOURCES

FOR HR USE

Log No: _____	Follow-up: _____
Date received: _____	30 days: _____
Date medical documentation received: _____	3 months: _____
Summary of accommodation provided: _____	6 months: _____

I have a police report because Ray said there's nothing they could do about Barbara Bennett coming back for me. because of the incident that happened at work on the 9th of June 2017. I also went to security and he asked if I had another job I said no. He said Start looking for one. on the 14 I was fired.

Cardyn Ross

POLICE REPORT



San Antonio Police Department

Offense Case # [REDACTED]	Incident Type POLICE REPORT	CFS Number SAPD-2017-0663392
Primary Offense INFORMATION REPORT		Page 1 of 2
Date / Time Occurred 6/9/2017 18:40 to 6/9/2017 18:40		Date / Time Reported 6/23/2017 01:17

Situation Found Information Hate Crime	Type Of Search None	Location Given By Dispatcher 13030 JONES MALTSBERGER RD	Related Case #
Arson	Damage Value	Clearance	

Elements of the Incident

☐ Confidential
 ☐ Domestic Violence
 ☐ Drive by Shooting
 ☐ Gang Related
 ☐ High Profile
 ☐ Juvenile Related
 ☐ Video Surveillance Available
 ☐ Video Surveillance Received

Street Address 3370 NACOGDOCHES RD			Unit Type	
Unit No.	City SAN ANTONIO	State Texas	Zip 78217	County Bexar County
Floor No.	District 3360			

<input type="checkbox"/> Notified Detective	Detective Name	Detective Unit Type	Detective Badge #
<input type="checkbox"/> Notified Supervisor	Supervisor Name	Supervisor Unit Type	Supervisor Badge #
<input type="checkbox"/> Notified Medical Examiner	Medical Examiner Name	Medical Examiner Unit Type	Medical Examiner Badge #
<input type="checkbox"/> Notified Crisis Response Team	Crisis Response Name		
<input type="checkbox"/> Priority Notification	Priority Name		
<input type="checkbox"/> Notified Victim	Explanation		
<input type="checkbox"/> CSI Requested	CSI Name	CSI Unit Type	CSI Badge #
<input type="checkbox"/> BOLO	Reporting Officer MARTINEZ, RAYMUNDO	Employee Number 00125450	
Badge # 1600	Assignment Patrol Division		

<input checked="" type="checkbox"/> Primary Offense	Report Offense INFORMATION REPORT
UCR Category 000025	Attempted Completed Completed
Premise	Circumstances
Other/Unknown	Weapon UNKNOWN
Weapon Brand	Weapon Model Weapon Color
Criminal Activity 1 NONE	Criminal Activity 2 NONE
	Criminal Activity 3 NONE

OTHER PERSON	Person Type REPORTING PERSON
Last Name ROSS	First Name CAROLYN
	Middle Name ANN
Race BLACK	Nickname
Sex Female	Suffix
SSN	Date of Birth [REDACTED] 7
Age 49	Age Range to
Weight	Place of Birth
Height	
Driver's License #	
DL State	
Preferred	Home Phone
	Cell Phone [REDACTED]
	Email Address
Other Person Home Address	
Street Address	
Unit No.	City UBC
State Texas	Zip 78245
Building No.	Floor No.
<input type="checkbox"/> Student	Employer US GOVERNMENT
Occupation	
Other Person Employer Address	
Street Address	
Unit No.	City SAN ANTONIO
State Texas	Zip 78217
Building No.	Floor No.

Details

POLICE REPORT



San Antonio Police Department

Offense Case # 017-000000	Incident Type POLICE REPORT	CFS Number SAPD-2017-0663392
Primary Offense INFORMATION REPORT		Page 2 of 2
Date / Time Occurred 6/9/2017 18:40 to 6/9/2017 18:40		Date / Time Reported 6/23/2017 01:17

Work Phone	Hours of Employment to	Hair Color	Hair Length	<input type="checkbox"/> Glasses
Eye Color	Build	Facial Hair	Voice	Complexion
Ethnicity Non-Hispanic	Demeanor			

OTHER PERSON	Person Type OTHER				
Last Name BENNETT	First Name BARBRA	Middle Name	Nickname	Suffix	
Race BLACK	Sex Female	SSN	Date of Birth	Age 38	Age Range to
Weight	Height	Driver's License #	DL State	Place of Birth	
Preferred	Home Phone	Cell Phone	Email Address		

Other Person Home Address					
Street Address					Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip	Building No	Floor No.
<input type="checkbox"/> Student	Employer US GOVERNMENT	Occupation			

Other Person Employer Address					
Street Address					Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip 78217	Building No	Floor No.

Details					
Work Phone	Hours of Employment to	Hair Color	Hair Length	<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion	
Ethnicity Non-Hispanic	Demeanor				

Narrative Legend

O1 = BENNETT, BARBRA
RP1 = ROSS, CAROLYN ANN

Narrative Information

I was dispatched to the North substation for a possible assault report. Upon arrival, I contacted RP1 who wanted to report an incident that took place at her place of employment. RP1 has been working at the listed location for nine months. During that time she has become involved in disturbance at work with O1 and her friends. RP1 stated the listed date and time was O1's last day of work. RP1 and a friend were on a break. RP1 left five minutes before the break ended to get a coffee. RP1 stated O1 approached her saying she wanted to make things right. RP1 said her friend left thinking the conversation was peaceful. When RP1's friend left O1 told RP1 she was going to "pray for you bitch" as she was slamming her fist into her hand and cursing at RP1. RP1 stated she exchanged curse words and gave her the finger walking back inside. RP1 told her supervisor about the incident. RP1 said they have been having issues with each other since August of last year. RP1 stated she is worried that her employer is not adequately handling the situation. RP1 has tired making the report since the incident took place but she has been given the runaround. I educated RP1 between the difference of a civil disturbance and a criminal issue. RP1 stated she was going to try to file a restraining order on O1. I advised RP1 to take any and all documentation she has on O1. I provided RP1 with the case number. Coban and BWC is available.

**Corrective Action Notice****Section I: Team Member Information**

Team Member Name:	Carolyn Ross	Team Member ID:	105440
Unit/Team:	Medical Records	Location:	Naco
Manager:	Ray Herrera	Date of Notice:	6/19/17

Section II: Incident and Warning**Reason for Correction Action**

- ☐ Attendance
☒ Conduct/Behavior
☐ Work Performance

Describe the attendance, performance or behavior that must be corrected. Include details of pertinent incidents as well as policy(ies) violated, with dates, times, employees involved, quotes, etc. and supporting documentation.

On June 9th, 2017, Carolyn Ross was involved in a verbal altercation with another TM. During the incident Carolyn made a statement "Don't come at me with that bullshit..." and "fuck you bitch.." along with "giving the finger" to the other TM, to which she admitted in her statement (see attached statement). During the interaction, Carolyn stopped twice to turn around and continue the verbal exchange rather than ignoring the alleged taunts and walking away or informing a manager.

This behavior is unacceptable in the workplace and will not be tolerated. Carolyn's actions violated the Business Ethics and Conduct Policy, Employee Conduct and Work Rules Policy, and the Workplace Violence Prevention Policy.

Moving forward Carolyn is expected to adhere to all GW policies, procedures, and performance expectations. She must ensure that her conduct and communication are professional at all times while at work and while representing GW. Disrespectful and Inappropriate conduct, to include profanity or gestures that are inappropriate in a professional workplace are unacceptable and must not continue. Should Carolyn have questions or is unsure about a situation, she should consult her manager or HR for guidance.

This is a final written warning.

1st
written
warning
CP



WILL BE SUBMITTING REBUTTAL TEAM MEMBER
REQUESTED COPY OF CORRECTIVE ACTION

Section III: Previous Corrective Action List all previous Corrective Actions, verbal and written

Date	Verbal/Written	Reason	Issued By (Manager's Name)

Section IV: Required Improvement, Consequences and Communication

Improvement Required: (Describe expectations Team Member must accomplish to improve and sustain the required performance, attendance or behavior. All information should be specific and job related, including training being provided.)

Actions / Date Required	Responsible

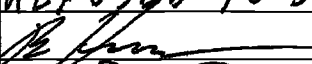
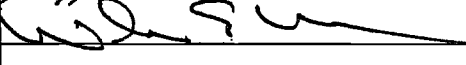
Consequences:

Failure to demonstrate immediate and sustained improvement as described in Section IV will result in additional corrective action, up to and including possible termination of Team Member's employment. Clear and regular communication between Team Member and supervisor is the most effective way to ensure all concerns are addressed and requirements are being met to level required.

Team Member Comments:

**Section V: Acknowledgement**

My signature indicates acknowledgement that I have read this notice, discussed with my supervisor and understand required improvements.

Team Member Signature	REFUSED TO SIGN	Date	
Supervisor Signature		Date	6-19-17
Next Level Mgr. Signature		Date	6-19-17

Team Member and Supervisor each keep copy of signed notice. Original signed notice must be provided immediately to Human Resources.

Rebuttal
from write up

What did Barbara
say
She no longer works there

I am disappointed in the action taken against me. I have complained many of times/repeatedly on my job. I cried for help and was never heard. This been going on for months (Aug 2016). My attempts to avoid the situation was "one way" I follow your rules for months and nothing changed it got worst. As I stated to Keisha and more and more people is getting involved in it. All I want to do is my job the best way I can with peace. Without being threaten or harassed or bullied and with some type of protection with out retaliation. I am very disappointed that I got a written notice. I know I can't trust any one here because of this I feel like I can't talk to management at all because of this. My anxiety step in but it's that I didn't want to write the statement yesterday. Trying to be stronger. I can't sleep because I worried about what's or who is next. That going to attack me. I know I can't controll it. This is a lie on the write up and I can't accept it. I don't understand why? It looks like favoritism to me. and the rules doesn't apply to all. I spoke to Ray before this happen and like I said I felt like I am being set up. and something is going to happen and I don't know what. I don't know why I am being target. This Person Barbara Bennett was not a TM. at the time.

Rebecca
from white up

I still believe that Gloria Ehem and Tashi Senegal was all waiting for me. and my action I was approach by Barbara Bennett while I was walking. This was a attempt to assault me. Barbara is not a T.M. I did not give another team member the finger I gave it to Barbara. You can have the video right. everything was to Barbara no one else. That's why I refused to sign a lie (false statement). So I did not have a incident on this day with a T.M.

I had a incident with a person (Barbara B.) that has been harassing people (put her hand on another employee) and at work. This is unfair because she doesn't work here. So I was not protected. I was harassed at work and no one call the policeman or 911. Is there a protocol for this. I am the one that's getting written up. What's going to happen to Barbara Nothing???. It was the company responsibility to escort Barbara out of the facility and property which means that she would not have the opportunity to confront me.

Carolyn Ross

6/20/17

she has
put her
hand
into
feet
as we
was
talking
also
didn't
know
she
knew
where
I was
"see video"

I been coming to work pretending like things didn't bother me. but it does and it's very stressful. I feel like my disability I am being discriminated against by the conduct of Tashie and Corrienn and it's very offensive to me. I really don't think I can trust Leo anymore. but I did talk to Scottie and I am going to have to trust someone because Marie is no longer with us. So I am putting this in writing and hoping things will change per Scottie + Leo and give names, so it can stop. I didn't want to put it in writing because I don't want a hostile place to work because it's already uncomfortable and I feel like I am being harassed. The last two times I will write about.

Tasha was outside talking to Leo but I didn't know that at that time. I told Leo that I need to talk to him. So I was upset he said OK. As I walk back to my desk Tasha was to Corrienn's desk and said where is Leo she said he is MFA again. They walked to Tasha's desk and I looked at them before I sit down and they walked away together when Leo came in I said Tasha + Corrienn is bullying you and Corrienn said I want to know where you was at. He said I told you I was going then they looked at me and I walked away. I told Keisha.

Another annoying action I felt like they are trying to intimidate me by not talking to Leo is when I could not talk to Keisha. So I told Leo we both agreed not to tell Keisha about the babies. I might need to go home. Two days later Leo said I could hold it in. We talked in the privy. we was only out there a few minutes and Corrienn

I was in hospital

I was the baby

I was told that Dary was complaining about my dress and going to different people. I was talking to different people and they never said his name by the end of the day the girl from Air Force did. Said there's nothing wrong with your dress. I looked like what are you talking about. So I told Keisha. Keisha said don't worry about it. But it has been going on all day. At the second break I was talking to Alma and someone else. So Alma said don't let Dary bother or mess with you they are just jitters of you. I pretended that I know it was him and I said L.O.L. he just want to wear my dress. So I went to Leo and he said don't worry about it you are good. This was Wed or Thursday 4-2017

I told Ray about Keish yelling and being rude. With me he said he will talk to her. I went to Keisha desk and when I started talking Tasha came and crossed her arms and lean on Keish computer. So I stop talking then Keish said ok deep talking and when I finished I started walking away Keish & Tasha start laughing and then Tasha walked away. I went back to Keish desk before she went to lunch and again Tasha did the same thing and I told Ray this is rude and haramit and he said he will talk to Keish and his need to stop. So I ask him can I go to Corridor and he said yes there is a supervisor also OK. and I will talk to Keish tomorrow. But I feel a lot better now what happen she said that I did great and thanks for the info.

- I ask Ray can I talk to Keish about what happen yesterday he said yes do you need me to be there I said no. So I ask Keish can I talk to her. We walked into the office and I told her how rude she was with me yelling for no reason and the thing when I come to her desk and what Tasha & her are doing everytime I come to her desk. She said she didn't see a problem with what Tasha did I said wow. Really.

Why is it that I have to avoid them but they don't have to avoid me? She said don't answer that and I said how about H.R. told you I said how do you know I went to H.R. she didn't answer so I said this is what I mean no confidentially here at Blackwell or anyone here. And for your info I went to H.R. at least three times and now I see why nothing happens you all are in this together and that's why the parent went step into something happen had or I don't know then she said so what are you going to do. I open the door and walked out. Kish call me back in then I said that's why I stated going to Corryann and she said I was wondering why you did ask me anything I said I was uncomfortable talk to you. And I won't come to you again. Then we left I was upset and crying.

(Wore) Corryann told me to go ask Kishna for the answer. I went to Corryann again she told me to go to Kishna. So I told Ray what's going on and Corryann is telling me to go to Kishna. Ray pulled both of them in the office & Corryann apologize but she was told to tell me to go to Kishna because she is my super direct supervisor. W.W.

July 10th

I told Ray about Gloria slandering my name to the new girl Ashley in the break room and other people heard it. He said he can't talk to her but he can't mention or go into detail she will have to bring it up. I said I can't have who is complaining do I need to put it in writing he said no he will talk to her and he can't tell me what she said.

A co-worker approached me and told me that they told Ray about what happen in the break room and that they said Gloria said to Ashley. I said you shouldn't have done that they are going to start harassing and being disrespectful toward you he said fine. The co-worker said I am handling that. Figure that speak on my behalf gets in trouble and is going to make it hard to work. This is making me sick to my stomach.

Bonnie saw me crying and we went to the bath room I couldn't breathe I threw up and then she said you need to put on your armor don't let them stress you out. When I went back to my desk Ray ask was I OK I said yes and turn my head.

6:20 6/21/17

Went to talk to Nina about stress I drop off.) Keisha approached me and said to get back to work I was there less than a minute.... I went to her desk she + Tasha was talking & waited. (over)
 Then I ask her can I speak to her "Keisha" My concern is that I haven't stop and talk to anyone all day & I talk to one person and she come & stop me I said said to her people hear what I saying all day. Why me. she stated she didn't see anyone else talking so now I am the only one being "watched" by Keisha??? She said we are not picking on you even if it seems that way. I said why am I the only one being watch. Everytime I go to bathroom and go to speak with someone. I stated who was reporting me and she said well what do you want me to do I said stop them from harassing me and saying things that not true and you know they tell me they tell all. And I know you are in on it also. She said are you done talking I got to go back to work. I walked out.

hen will this stop.this time please pull the video I need this tio stop

Subject: when will this stop.this time please pull the video I need this tio stop

Date: Sun, Apr 23, 2017 10:57 pm

SCOTTIE After talking to you I felt great !!! Then things changed later on that night I did try to speak with Leo like I said I would do once again around 820 Leo and I was in the office talking not even 5 min's Tasha comes and knock on the door and said no supervisor was on the floor in which was a lie again because Corrine was sitting at her desk when we went to the office(which is in front of Leo)....he walked out and never said anything to meI was like wow .This is one of the reason why I feel like I cant trust him anymore as soon as someone show or see him talking to me it a problem...I went to my desk then I ask Lisa is Corrine at her desk she said yes So I got up and spoke up this time. I didn't feel good about it but I did.It felt good letting my feeling out instead of holding it in for months. Leo act as if he didn't hear or see anything that was going on and then Corrine ask me what's wrong and did I want to talk I said yes so we talked. I her what just happen and she told me to write everything down .

This was very disrespectful .I keep saying I feel like I am being target every time I try to talk to him and its like being on eggshell. I said I will not respond to her are say anything unless it is offensive to me and this is.

When will this stop? I cant do anything to make this stop.Please pull the video if you have to. I don't know if they are trying to intimidate me or bullied me or keep harassing me oh embarrass me or just targeting me this another reason why I cant talk to him and I am on eggshell around him.He turns blind eye and deaf ear

How did she know I was in the office with Leo ? How did she not see Corrine at her desk which is in front of Leo ??? Pull the video I would like to know who else is watching me and why???

Maybe 10 min later Tasha said out loud boss man do you want me to get you something to eat since you was in the office with someone and then she lol ...he said yes .. and she served him at his desk. Corrine Ann

and I spoke of the color issue and she said the some thing happens in her family and she don't understand it. Also she did say I did look good for my age + the clothes I wore in nice and she didn't see a problem with it.

9. The above acts or omissions set forth in paragraphs 7 and 8 are:

- ☐ still being committed by defendant.
☒ no longer being committed by defendant.

10. Plaintiff should attach to this complaint a copy of the charge filed with the Equal Employment Opportunity Commission. This charge is submitted as a brief statement of the facts supporting this complaint.

WHEREFORE, plaintiff prays that the Court grant the following relief to the plaintiff:

- ☐ Defendant be directed to employ plaintiff.
☐ Defendant be directed to re-employ plaintiff.
☐ Defendant be directed to promote plaintiff.
☒ Defendant be directed to pay punitive and compensatory + clear
and that the Court grant such other relief as may be appropriate, including injunctive record
orders, damages, costs and attorney's fees.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

9-26-2018
Date
Carolyn Ann Ross
Signature of Plaintiff

3119 Opal Field
Address of Plaintiff

San Antonio Texas 78245
City State Zip Code

Telephone Number(s) 210-412-8599 (C)
210 645-0082 (H)